

Class	Subclass
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ISSUE SELF STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	UT	696051	9/1/99
O.I.P.E. CLASSIFIER		44	7/3/99
FORMALITY REVIEW	144	71624	9/9/99

INDEX OF CLAIMS

- ✓ Rejected
- == Allowed
- (Through numeral) Canceled
- + Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

Claim	Final	Original	Date
1	✓	✓	12/7/97
2	✓	✓	5/10/98
3	✓	✓	1/26/97
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
7	✓	✓	✓
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If more than 150 claims or 10 actions
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